



"People Focused. Performance Driven."

INTERLOCAL M/WBE CONSORTIUM
CERTIFICATION APPLICATION

INSTRUCTIONS: Please complete this Certification Application in its entirety. If a question does not apply to your business, mark "N/A" in the space provided. If you do not have sufficient space to answer a question completely, attach additional sheets as necessary and reference the appropriate letter. Unanswered questions may be reason for denial. FAX COPIES ARE NOT ACCEPTED.

A. Name of Business:
Owner of Business:
Primary Contact:
Business Street Address: City /State/Zip:
Mailing Address (If Different):
Phone Number: Fax:
E-Mail Address: Web Site:

B. Check Appropriate MWBE Status and indicate percentage amount (Must equal 100%):
[] African/Black American [] Native American Indian, American Aleut
[] Hispanic American [] Non-Minority Woman
[] Asian American

C. Are you a U S Citizen: Yes [] No []

D. Federal ID Number or Social Security No. of Owner:

E. Type of Business (Check one):
[] Sole Proprietorship [] Partnership [] Corporation [] Limited Liability Corporation
[] Limited Liability Partnership
Date Established and/or Incorporated:

F. Number of full-time employees: Number of part-time employees:

G. Identify specific products/services in your Business's area of expertise that you wish to certify:

Name of Business: _____

H. Nature of Business:

- Wholesale Distribution Professional Services Goods & Services
 Manufacturer or Production Construction Related Retail Dealer
 Consultant (Please Specify) _____ Other _____

I. Has applicant or business been denied MWBE certification within the past three years?

Yes No

J. If "Yes", name the certifying agency and circumstances resulting in denial:

K. List other agencies that have certified your business as an MWBE (attach certificates) or where you currently have an application pending.

L. Number of Years in Business: _____

M. Ownership of Business:

1) Identify all partners, proprietors, and stockholders by name, sex, ethnic group, percentage of ownership and number of shares.

Name	Sex	Race/Ethnic Group	# of Shares Owned	% of Ownership	Date of Birth

2) If any owners are related, please specify relationship (Husband, Wife, Sister, Brother, etc.):

Number of shares of stock authorized: _____

Number of shares of stock issued: _____

Indicate status of any stock not accounted for above: _____

3) Identify the Business's *current* Board of Directors as specified below. (If applicable) Use an additional sheet of paper if necessary.

Name	Ethnic Group	Title/Position	Length of Service

Name of Business: _____

4) Identify each officer or owner of the Business (by title) and state his/her current employment by another Business, if any:

	Name	Other Employer	Weekly Work Hours
President			
Vice President			
Secretary			
Treasurer			
Other			

N. Who controls management & daily operations of the business?

O. Business Office:

Does the Business own its offices? [] Yes [] No ***If no, please attach current lease agreement.***

P. Control of Business:

1) Financial Decisions

Name	Ethnic Group	Sex	Title
_____	_____	_____	_____
_____	_____	_____	_____

2) Management/Operational Decisions

Name	Ethnic Group	Sex	Title
_____	_____	_____	_____
_____	_____	_____	_____

3) Hiring & Firing of Personnel

Name	Ethnic Group	Sex	Title
_____	_____	_____	_____
_____	_____	_____	_____

4) Identify those individuals (owners and non-owners) who carry out the following functions in the Business:

The Person(s) who signs the Payroll

_____ (Name) _____ (Title)

_____ (Name) _____ (Title)

The Person who signs the Application/Agreement for Security Bonds & Insurance

_____ (Name) _____ (Title)

_____ (Name) _____ (Title)

Name of Business: _____

Q. Business Relationships:

1) Bonding Company:

<u>Name</u>	<u>Address</u>	<u>Limit</u>
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2) Bank(s): (List all banks and contact persons)

<u>Bank</u>	<u>Contact Person</u>
_____	_____
_____	_____

3) Sources of letters of credit, if any: _____

R. Specify the business' net income after federal income taxes, excluding any carryover losses, for the previous two years.

20____ \$ _____ 20____ \$ _____

S. What is the business' current net worth? \$ _____
(For a sole proprietorship, include both personal and business assets.)

T. Distributor/Supplier (Complete this question only if the business is a distributor or supplier)
Average dollar value of inventory: \$ _____

U. List the broad categories of inventory:

Major equipment owned or lease: _____
Please attach title(s) or lease agreement(s).

V. Licenses required to conduct business: Attach copies of any required local, county, and state active business, occupational, or professional licenses and permits (i.e., contractor, PUC, A&E, HVAC, registration) for each license/permit.

Name of Licensing Entity	Type of License	Date of Expiration	Name of Licensee/Qualifying Individual	Minority Group	% of Ownership

Name of Business: _____

PLEASE REVIEW THE APPLICATION AFFIDAVIT CAREFULLY IN WHICH YOU WILL ATTEST TO THE ACCURACY OF THE INFORMATION PROVIDED IN THIS DOCUMENT.

AFFIDAVIT

The undersigned does hereby swear that the foregoing statements and attachments are true, accurate and include all information requested to completely identify and explain the ownership, control and operation of _____ **(Name of Business)** and that none of the information supplied was for the purpose of misrepresenting the matters stated.

It is recognized and acknowledged that the statements herein are being given under oath and any misrepresentation may be grounds for terminating any contract awarded in reliance hereon and may be grounds for disqualification of the business for other contracts. It is further recognized and acknowledged that MWSBE Certification with the City of Tallahassee and Leon County Government will automatically terminate by the sale, exchange, or transfer of ownership of the business by minority/women group members. The undersigned further agrees to immediately report all sales, exchange or transfer of ownership to the City of Tallahassee MWSBE Office or Leon County MWSBE Division.

It is further recognized and acknowledged that falsifying or misrepresenting any information or document furnished to the City of Tallahassee/Leon County may result in the revocation or denial of MWSBE Certification of the above named minority/woman/small-owned business and/or any other minority/woman/small-owned business in which owner(s) have an interest. In addition, it may also result in the barring of any business in which such owner(s) have an interest from performing any contracting or procurement business with the City of Tallahassee/Leon County.

By submitting this application the above named business hereby agrees to furnish all documents/records and other information that at any time may be requested by the City of Tallahassee/Leon County in order to review, investigate or to confirm the minority/woman/small status of the business owner(s) for Certification as a minority/woman/small-owned business. Any failure to comply with such a request shall be grounds for denial or revocation of Certification of the business. The City of Tallahassee reserves the right to cancel certification at any time, subject to your right to appeal.

I do solemnly declare and affirm under penalty of applicable state and federal laws of perjury that the statement furnished herein and the documents herewith are true and correct, and that I am authorized, on behalf of the above Business, to make this affidavit.

Signature of Business Owner

Title

FOR NOTARY PUBLIC ONLY

On this ____ day of _____, 20____ before me appeared _____ to me personally known ____ or provided identification ____, who being duly sworn, did execute the foregoing affidavit, and did state that he/she was properly authorized by ___**(Name of Business)** _____ to execute the affidavit and did so as a free act and deed.

Notary Public

My Commission Expires

This application is not deemed complete until the Affidavit has been signed and notarized.

Name of Business: _____

Checklist of Documents for Submittal

Copies of these documents are required only if they are applicable to your business operations. If any document descriptions do not apply to your business, write **N/A** for each category that does not apply. Be sure that you attach copies of all documents, **which are applicable**.

- _____ Proof of **Minority Status** for All Owners (Birth Certificates, Court Records, Tribal Records, Passports, Naturalization)
- _____ Proof of **Residency** of All Owners/Directors (Driver License, Homestead Exemption, Voter Registration)
- _____ Driver License or State Identification Card
- _____ Detailed Resumes of All Principals and Owners
- _____ Fictitious Name Registration
- _____ Professional License(s)
- _____ Business Tax Certificate
- _____ Copy of Signature Card or Authorization Letter from Bank
- _____ Last Two Years' Income Tax Returns, Balance Sheets, Schedule K-1 or Schedule C
- _____ Detailed List of Inventory Available For Resale to the Public
- _____ All Stock Certificates Issued, Including Cancelled Certificates
- _____ Stock Ledger
- _____ Articles of Incorporation or Articles of Organization
- _____ Corporate Bylaws (corporations) or Operating Agreement (LLCs)
- _____ Minutes Of Organizational Meetings
- _____ Business Insurance Certificate
- _____ Current Lease Agreement or Proof of Ownership for Business Address

Return Application to:
City of Tallahassee MWSBE Office
Mailing Address: 300 S. Adams Street, Mailbox B-27
Physical Address: 435 Macomb Street, 3rd Floor
Tallahassee, FL 32301
(850) 891-6500

INITIAL CERTIFICATION IS VALID FOR ONE (1) YEAR & RECERTIFICATIONS ARE VALID FOR TWO (2) YEARS

[OR]

Leon County MWSBE Division
1800-3 N Blair Stone Road
Tallahassee, FL 32308
(850) 606-1650

CERTIFICATION IS VALID FOR TWO (2) YEARS

Revised 04/14/2015